"A study of adjustment and academic performance of the children of leprosy patients"

Synopsis

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Significance of the Study

Leprosy is one of the most socially stigmatized diseases known today. Leprosy patients are not allowed to contact the community including their families. Even they find difficult to enter public places and use the Public Transport System.For years, Leprosy was considered to be an inherited, contagious sexually transmitted disease, which produces life long crippling deformities and had no cure (WHO, 1996). Owing to such misconceptions, Leprosy patient not only face social rejection but also suffer social repercussions due to the community attitude and stigma attached with it.

The negative attitudes were stronger particularly with regards to matrimonial association, sharing of accommodation and any other physical contact with the affected person.(Takle Haimonot etal 1992). Similar findings in other parts of the World such as Yemen, Trinidad and Guyana also show the prevalence of negative attitudes towards the disease and its victims.(A1-Qubali, 1996 & Gittens, 1992). Studies conducted in India also highlight similar negative attitudes towards the leprosy patients and their family.(Kumar et.al 1983).

The community attitude and behaviour towards leprosy patients have been reported to cause psychological disorders (Weigand & Daswson, 1966, Neville 1978; Campus et.al.1978, Uma Devi, 1992, Verma & gautam, 1994). Social rejection and its psychological impact on affected individuals leading towards isolation which further aggravates their existing social stigma and psycho social problems.But in reality leprosy, (also called Hansen's disease after the Norwegian Scientist Dr.Armauer Hansen, who first demonstrated the germ causing the disease viz, mycobacterium laprae under the microscope) is a mildly infectous and bacterial disease. Only 5 to 10 percent of cases are capable of spreading the disease to others. Leprosy is not hereditary. It is a disease of the skin and nerves, though it may involve other organs as well. So leprosy should be considered as any other disease to be treated and cared off and shunned.

But people's misconception about this disease does not only affect leprosy patients but also affects the healthy children of leprosy patients. According to a report of Vishwa Samvad Kendra (Gujarat) 2004 "The healthy children of leprosy patients frequently face difficulty in getting access to primary education." According to Anand Gram Society 2003, "Leprosy is not a hereditary disease but unfortunately children of leprosy patients faced considerable difficulties in getting admission into schools.

Hence due to our neglect and hatred, they suffer from social discrimination, injustice and exploitation. Children's personalities are influenced by their background, environment (Physical, mental, emotional) and social needs. But when these needs are not fulfilled then many disorders develop in their personality .It has been observed that the children of leprosy patients are neglected or overlooked by the society. This has affected the shaping of personality as well as the cognitive level. However, there are some institutions who are paying attention towards the development of these children. As per A.P.J. Abdul Kalam, "We should emphasis that they are all God's children and they need love, compassion and affection of the society for their balanced growth so that they can make positive contribution to the development of the society.

It seems obvious that the children of leprosy patient suffer from no fault of theirs. Therefore, the society owes a greater responsibility to find ways and means to ensure their proper growth and development. The responsibility of the government cannot be underestimated and ignored. What seems to be more important is to explore proper intervention, which can show pathways to such children towards acquiring a status of acceptability by the society by their own attainments in academic and non-academic activities. It is with this perspective that the present study is planned to answer some revealing questions.

With this in view the main aim of this study is to find out the status of adjustment and academic performance of the children of leprosy

patients. To find out socio-psychological factors affecting the adjustment and academic performance of a person and how a person's adjustment and academic performance can be brought up by doing some changes in such social and personal factors.

Reviews of related and current literature

Antony, Joan & Broota, Aruna (1991), "Study on self concept of children of leprosy patients". 20 children of leprosy patients living with their parents and 30 institutionalized children of leprosy patients were compared with a matched group of 30 children of healthy parents on the variable of self-concept. The Ss were in the 11-18 years ago group. Two open ended probes: "Tell us about yourself" & "Tell us about what you are not" were used. Children of leprosy patients showed a negative self-concept as compared with children of healthy parents. Institutionalized children of leprosy patients have a more negative self-concept as compared with children of leprosy patients living with their parents. This low self-concept is attributed to parent's negative self-image & shame, social seclusion & societal attitudes.

Alexander, Joseph E. & Rajan dran, K.(1992). "Influence of self concept, sex, area & parents education on students adjustment problems". Explores the relationship between student's adjustment problems & their self-concept. A sample of 671 students from different universities of Tamil Nadu was administered Mohsin's self concept scale Mooney's Problem Check List. Students with a high self-concept were found to be better adjusting than those with a low self-concept. Adjustment was better in case of the females than males. Urban than rural and in case of children of educated parents.

Godbole, Varsha Sane & Madhukar, Priya (1995). "Self-concept & adjustment of the young adolescent girls". Investigates the variations and patterns of self-concept and adjustment in youth with reference to age. A sample of 86 undergraduate girl students (aged 17-21 years) was administered the self-concept Inventory (Rastogi) & the adjustment

inventory (Singh & Singh). Results indicate a developmental trend of better self-acceptance health & social adjustment among older girls. However, no definite pattern of age variation was observed between self-concept & adjustment.

Parween, Shahnaz, (1994). " A study of adjustment among disadvantaged students". Examines the adjustment patterns of 200 school children. 100 of those children belonged to disadvantaged families. Data were collected using the adjustment Inventory of A.K.P. Sinha & R.P. Sinha. Findings indicate that disadvantaged students showed poor adjustment in social, emotional & educational area as compared to their advantaged counterparts who were well adjusted in all these areas.

Jyoti, D.Aruna & Reddy, I.V. Ramana(1996). "A comparative study of adjustment and self concept of hearing-impaired & normal children". Examines the level of adjustment and self-concept among 230 normal (age 10-16 years) & 230 hearing-impaired age 14-20 year children, the latter drawn from special schools. Results reveal that the hearing impaired children has a lower self-concept compared to normal Ss but they exhibited a higher quality of adjustment in the areas dealing with health, emotionality & masculinity, feminity.

Miya, Israil & Krishna, K.P., (1996) "Adjustment problem among socio economically deprived adolescents". Examines the impact of socio-economic deprivation on adjustment of urban male college freshmen (aged 14-19 years). The sample comprised 166 deprived & 106 non-deprived Ss classified on the basis of their father' caste: income & informal education. They were administered the Hindi version of the well adjustment inventory (Mohsin & Hussain, 1970). Findings reveal that the deprived group had more health related adjustment problems than the non-deprived group. Some social & emotional dimensions of adjustment could not discriminate between the deprived & the non-deprived groups, & the socio-economic deprivation had a significant positive relationship with health & emotional dimensions of adjustment.

Everett (2000) studied the "self-concept configurations of high, medium & low academic achievers". Using a sample of 59 female students in a catholic residential. The result showed that meaningful & consistent differences did exist between the self-concept configurations of high, medium & low academic achievers. The result however shows that self-concept is positively related to achievement.

Osang (2003) in his own effort tested the relationship between students performance in mathematics and self-concept. He found that students performance in mathematics depended on their mathematics self-concepts, that is their achievement in mathematics depended on what they thought of or believed about themselves with reference to mathematics as subjects.

S.Mukallid & L.Nakadi (2004). Self-concept & its relation to academic achievement. The purpose of the study was to compare self-concept and its relation to academic achievement in a sample of orphans across grade level, gender and type of social disadvantage. Ninety male and eighty five female students enrolled in 5^{th}, 6^{th} & 7^{th} grades in a school orphanage in Abey, Lebanon responded to an adapted version of the Self description questionnaire, ANOVA procedure revealed significant differences in self-concept measures across grade level & gender, but no differences across types of social disadvantage. It was observed that significant correlation exists between academic self-concept measures, across grade level, gender, and types of social disadvantage. The results were discussed in terms of the relationship between self-concept measures and academic achievement.

Objectives

1. To portray a profile of socio-psychological, adjustment & academic performance of the children of leprosy patients.
2. To study the interrelationship among the socio-psychological variables.
3. To ascertain association of socio-psychological variables with adjustment & academic performance.
4. To find out leading contributing factors towards greater adjustment & higher academic performance.
5. To build up a conceptual model for strategy formulation for initiating process to provide better education & adjustment facilities of the children of leprosy patient.

Problem

"A study of adjustment and academic performance of the children of leprosy patients"

Variables:

Independent Variables- Socio-psychological factors

a) Socio-economic status

b) Self Concept

Dependent Variables-Adjustment

a) Social

b) Personal

Academic Performance

INDIPENDENT VARIABLES

Socio-Economic status

A social person is one who conforms to the three criteria of social development. He should behave in approved manner, play the role which society prescribes or him and possess favourable attitudes towards people and social activities (Hurlock, 1964).

'Social status', therefore, is an indication of ones position of respect, prestige and influence in the social structure (Maciver and Page, 1937; Cole and Montgomery, 1959; Rogers, 1962) apart from his personal attributes (Maciver and Page, 1937) Which may either inhibit or enhance an individual's access to sources of information and his willingness to deviate from group norms (Rogers, 1962) and may even very with the groups (Cole and Mongomery, 1959).

The world 'Economic' is used generally for the motives involving earning a livelihood, the accumulation of wealth and the like (Drever,

1964). The economic endeavour entails 'cherishing of things because of their material value (Spranger, 1928) and the pursuer by virtue of this activity, carves for himself a place in society recognized as 'Economic Status'. Economic Status, thus, stratifies modern population according to the amount and source of income, which is usually derived from a set of occupational activities, the ownership of property or both.

"Socio-Economic Status" would, therefore, be ranking of an individual by the society he lives in, in terms of his material belongings and cultural possessions along with the degree of respect, power and influence he wields. Socio-Economic status influences values (Sharma, 1979) difference in home management and table manner, in husband wife relationship, role of parents, children and relatives, child training and attitudes towards family life, performance of children in examination (Singh, 1962) social participation and motivation for improvement (Pradhan and Trivedi, 1964) ego strength, verbal fluency, and value conflicts. The children of high socio-economic status talk sooner, talk better and more aggressive and less regressive than those of adolescents of low Socio-economic status.

Self Concept

Self Concept, an ignored and neglected area in psychology and education for long, has now been recognized to play a vital role in personality development. It has been established by contemporary researches that the way an individual perceives himself goes to shape his behaviour patterns. According to Cobs & Snygg (1949) & Rogers (1951), People behave in a manner which is consistent with the way they view themselves.

Sherif & Contril (1947) use the term 'ego' and define it as the constellation of attitudes of the type 'what I think of myself, what I value, what is mine, and what I identify with "According to them, these attitudes, when activated, energies, direct and control the person's behaviour"

Saraswat & Gaur (1981) described self-concept as, "an individual's way of looking at himself. It also signifies his way of thinking, feeling & behaviour.

Component of the self-concept

The concept of self has three major components:

1.The perceptual
2. The conceptual
3. The attitudinal

The perceptual component is the image the person has of appearance of his body and of the impression he makes on others. The perceptual component is often called the "Physical self-concept". The conceptual component is the person's conception of his distinctive characteristics, his abilities, and disabilities, his background and origins, and his future. It is often called the "Psychological self-concept" and is composed of such life-adjustment, quality as honesty, self-confidence, independence, courage and their opposites.

Included in the attitudinal component are the feelings a person has about himself, his feeling about his worthiness, and his attitudes of self-esteem, self-reapproach, pride & shame.

The present study covers six areas of self-concept as:

1. Physical-individual's view of their body, health, physical appearance and strength.
2. Social-individual's sense of worth in social interaction.
3. Temperamental-individual's view of their prevailing emotional state of predominance of a particular kind of emotional reaction.
4. Educational-individual's view of themselves in relation to schoolteachers & extracurricular activities.

5. Moral-individuals' estimation of their moral worth, right & wrong activities.
6. Intellectual-individuals; awareness of their intelligence and capacity of problem solving and judgments.

DEPENDENT VARIABLE

Adjustment

The term "adjustment" refers to the extent to which an individual's personality functions efficiently in the world of people.

According to Shaffer "Adjustment is the process by which a living organism maintains a balance between its needs and the circumstances that influence the satisfaction of these needs."

Norman Tallent, "Adjustment is a state of life when the individual is more or less in harmony with personal, biological, social & psychological needs and with demand of the physical environment.

Personal Adjustment

Self-adjustment syndrome is that the person enjoys a kin of "inner harmony". He is at peace with himself just as he is at peace with others. Self-adjustment is the degree to which an individual having considered his personal characteristics is able & willing to live with them happily. Such a person recognizes his assets and is free to draw upon them. He also recognizes his shortcomings without needlessly blaming himself. Many of the conditions that determine how much a person likes and adjusts to himself are self understanding, realistic expectations, absence of environmental obstacles, favorable social attitudes, absence of severe emotional stress profoundness of success, identification with well adjusted

people, self-perspective good child-hood training and a stable self-perception.

Social Adjustment

Social adjustment means the success with which people adjust to other people in general and to the group with which they are identified in particular (Elizabeth B. Hurlock). Well-adjusted people have learned such skills as the ability to deal diplomatically with others-both friends and strangers –so that others' attitudes toward them will be favorable. People who make good social adjustments usually develop favorable social attitudes, such as a willingness to help others, even if they personally inconvenienced. They are not self-bound.

Socially adjusted people possess traits such as extraversion, courtesy, cooperation, unselfishness, truthfulness, frankness, initiative & willingness to conform to rules and regulations. All these traits make a person pleasant to be within and in social interaction.

Academic Performance

Although many students and parents regard academic success as less prestigious than success in sports, social life, and other extracurricular activities, few people hold academic success in such low regard that it goes unrecognized and unapplauded. Like success in any other area academic success is ego satisfying. Academic success is also effects by family conditions.

Hypothesis

1. There is no significant relationship between the socio-economic status and social adjustment of the children of leprosy patients.

2. There is no significant relationship between the socio-economic status and personal adjustment of the children of leprosy patients.

3. There is no significant relationship between socio-economic status and academic performance of the children of the leprosy patients.

4. There is no significant relationship between the physical self-concept and social adjustment of the children of the leprosy patient.

5. There is no significant relationship between the social self-concept and social adjustment of the children of the leprosy patient.

6. There is no significant relationship between the temperamental self-concept and social adjustment of the children of the leprosy patient.

7. There is no significant relationship between the educational self-concept and social adjustment of the children of the leprosy patient.

8. There is no significant relationship between the moral self-concept and social adjustment of the children of the leprosy patient.

9. There is no significant relationship between the intellectual self-concept and social adjustment of the children of the leprosy patient.

10. There is no significant relationship between the physical self-concept and personal adjustment of the children of the leprosy patient.

11. There is no significant relationship between the social self-concept and personal adjustment of the children of the leprosy patient.

12. There is no significant relationship between the temperamental self-concept and personal adjustment of the children of the leprosy patient.

13. There is no significant relationship between the educational self-concept and personal adjustment of the children of the leprosy patient.

14. There is no significant relationship between the moral self-concept and personal adjustment of the children of the leprosy patient.

15. There is no significant relationship between the intellectual self-concept and personal adjustment of the children of the leprosy patient.

16. There is no significant relationship between the physical self-concept and academic performance of the children of the leprosy patient.

17. There is no significant relationship between the social self-concept and academic performance of the children of the leprosy patient.

18. There is no significant relationship between the temperamental self-concept and academic performance of the children of the leprosy patient.

19. There is no significant relationship between the educational self-concept and academic performance of the children of the leprosy patient.

20. There is no significant relationship between the moral self-concept and academic performance of the children of the leprosy patient.

21. There is no significant relationship between the intellectual self-concept and academic performance of the children of the leprosy patient.

22. There is no significant relationship between socio-economic status and self-concept.

Methodology

Sampling plan

In this present study accidental sampling will be used and 200 children of leprosy patients of 13 to 19 age groups will be selected as sample

Tool

Self concept - Raj Kumar Saraswat (Reader in psychology)

Socio-Economic Scale – R.L. Bharadwaj (Deptt. of psychology, D.S. college, Aligarh)

The appropriate tool for the measurement of adjustment will be developed.

Statistical analysis

The chi-square test will be used in the present study.

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